MAXIMUS Federal Services

Case Number:	CM15-0064526		
Date Assigned:	04/10/2015	Date of Injury:	08/22/2002
Decision Date:	05/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old female, who sustained an industrial injury on August 22, 2002. She was diagnosed with lumbar degenerative disc disease. She underwent a lumbar fusion and laminectomy. Treatment included medication management, nerve branch blocks and physical therapy. Currently, the injured worker complained of persistent back and leg pain. The treatment plan that was requested for authorization included a sacroiliac joint, piriformis muscle and bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Sacroiliac joint, piriformis muscle and bursa Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (updated 10/09/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Section, SI Joint Block, Trochanteric Bursitis.

Decision rationale: Pursuant to the Official Disability Guidelines, sacroiliac joint, piriformis muscle and bursa injection are not medical necessary. Criteria for the use of SI joint injections include, but are not limited to the history and physical should suggest the diagnosis, diagnostic evaluation must address any other possible pain generators, the patient failed 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management, blocks are performed under fluoroscopy, a positive diagnostic response is recorded at 80% for the duration of local anesthetic. If the first block is not positive, a second block is not performed. If steroids are injected during the initial injection, the duration of pain relief should be at least six weeks with a greater than 70% pain relief recorded. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; and lumbar fusion and laminectomy. Sacroiliac joint blocks are recommended if the injured worker failed at least 4 to 6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is difficult to make because pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior and/or extra articular ligaments). Pain may radiate into the product, groin and entire ipsilateral lower limb. The documentation pursuant to a January 27, 2015 progress note indicates the patient has multiple clinical issues resulting in sacroiliitis bilaterally, sacroiliac joint instability, piriformis compressive sciatica and trochanteric bursitis. The injured worker failed progressive conservative therapy. The history and physical examination suggest the diagnosis (supra). The treating physician documents symptoms and signs of sacroiliac joint, piriformis muscle and bursa injections. However, as noted above according to the guidelines, sacroiliac dysfunction is poorly defined. The treating physician should take a step-by-step approach in the administration of the injections as opposed injections to all three areas at one sitting including sacroiliac joint, the piriformis muscle and bursa injections. Consequently, absent compelling clinical documentation, sacroiliac joint, piriformis muscle and bursa injection are not medical necessary.